



**U.S. Department of Transportation**  
**Federal Aviation Administration**

PRIVACY ACT NOTICE

This notice is provided in accordance with Section (e)(3) of the Privacy Act, 5 U.S.C. 552a(e)(3).

A. Authority: This information is solicited pursuant to 49 U.S.C. 40113(a) and the regulations issued thereunder codified in Part 13 of Title 14 of the Code of Federal Regulations. Submission of information is voluntary.

B. Principal Purposes:

1. To make a record of the circumstances that are the subject of this warning notice or letter of correction.

2. To assist us in contacting you regarding this enforcement case.

C. Routine Uses: Records from this system of records may be disclosed in accordance with the following routine uses that appear in the System of Records No. DOT/FAA 847, General Air Transportation Records on Individuals, DOT/FAA:

1. To provide basic airmen certification and qualification information to the public upon request.

2. To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

3. To provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug law violators.

4. To provide information about enforcement actions arising out of violations of the Federal Aviation Regulations to government agencies, the aviation industry, and the public upon request.

5. To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal.

D. Effect of failure to respond: Failure to provide information requested may preclude us from closing this matter with a warning notice or letter of correction at this time. In addition, there may be delay in contacting you regarding this enforcement case if necessary.



OFFICE FILE COPY

U.S. Department of Transportation  
Federal Aviation Administration

AA 000000

☐ WARNING NOTICE    ☐ LETTER OF CORRECTION

IDENTIFICATION			
CERTIFICATE NO.		TYPE	OTHER ID
NAME: LAST		FIRST	INITIAL
ADDRESS			<input type="checkbox"/> IF NEW ADDRESS
CITY		STATE	ZIP CODE
AVIATION EMPLOYER		DESIGNATOR	
SEX	DATE OF BIRTH		PHONE NO. (       )

AIRCRAFT, ENGINE, PROPELLER, COMPONENT OR APPLIANCE INVOLVED			
MAKE	MODEL	N NUMBER	SERIAL NO.
OWNER			
ADDRESS	CITY	STATE	ZIP CODE

ALLEGED VIOLATION(S)									
DATE OCCURRED	MONTH	DAY	YEAR	TIME (24 HOUR)	DATE KNOWN	MONTH	DAY	YEAR	REGION DISCOVERED
AT LOCATION						AIRPORT DESIGNATOR			
REGULATIONS BELIEVED VIOLATED		DESCRIPTION							
<div>X</div>		SAMPLE							
CORRECTIVE ACTION									
RECEIVED BY:					INSPECTOR/SPECIAL AGENT:				
SIGNATURE					SIGNATURE				
DATE					NO.				
DATE					DATE				

FAA USE ONLY															
CERT. CODE	TYPE	SUB TYPE		CATEGORY		SOURCE		ACCIDENT		ACTION		SANCTION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECURITY PROGRAM															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIELD OFFICE REVIEW				DATE		PTRS/AAIRS				FIELD OFFICE ADMIN.				DATE	
REGIONAL REVIEW				DATE		REGIONAL ADMIN.				DATE		RESERVED			

EIR NO.

OFFICE FILE COPY

SAMPLE



INTERNAL USE COPY

U.S. Department of Transportation  
Federal Aviation Administration

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☐ WARNING NOTICE      ☐ LETTER OF CORRECTION

IDENTIFICATION					
CERTIFICATE NO.			TYPE		OTHER ID
NAME: LAST		FIRST	INITIAL		
ADDRESS					<input type="checkbox"/> IF NEW ADDRESS
CITY		STATE	ZIP CODE	AVIATION EMPLOYER	DESIGNATOR
SEX	DATE OF BIRTH		PHONE NO. (       )		

AIRCRAFT, ENGINE, PROPELLER, COMPONENT OR APPLIANCE INVOLVED			
MAKE	MODEL	N NUMBER	SERIAL NO.
OWNER			
ADDRESS	CITY	STATE	ZIP CODE

ALLEGED VIOLATION(S)									
DATE OCCURRED	MONTH	DAY	YEAR	TIME (24 HOUR)	DATE KNOWN	MONTH	DAY	YEAR	REGION DISCOVERED
AT LOCATION						AIRPORT DESIGNATOR			
REGULATIONS BELIEVED VIOLATED	DESCRIPTION								
SAMPLE									
CORRECTIVE ACTION									
RECEIVED BY:					INSPECTOR/SPECIAL AGENT:				
<b>X</b>									
SIGNATURE		DATE		SIGNATURE		NO.		DATE	

FAA USE ONLY																EIR NO.
CERT. CODE		TYPE		SUB TYPE		CATEGORY		SOURCE		ACCIDENT		ACTION		SANCTION		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECURITY PROGRAM																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIELD OFFICE REVIEW				DATE		PTRS/AAIRS				FIELD OFFICE ADMIN.				DATE		
REGIONAL REVIEW				DATE		REGIONAL ADMIN.				DATE		RESERVED				



RECIPIENT'S COPY

U.S. Department of Transportation  
Federal Aviation Administration

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☐ WARNING NOTICE      ☐ LETTER OF CORRECTION

IDENTIFICATION									
CERTIFICATE NO.				TYPE			OTHER ID		
NAME: LAST			FIRST			INITIAL			
ADDRESS								<input type="checkbox"/> IF NEW ADDRESS	
CITY		STATE		ZIP CODE		AVIATION EMPLOYER		DESIGNATOR	
SEX	DATE OF BIRTH			PHONE NO. (       )					

AIRCRAFT, ENGINE, PROPELLER, COMPONENT OR APPLIANCE INVOLVED				
MAKE		MODEL	N NUMBER	SERIAL NO.
OWNER				
ADDRESS		CITY	STATE	ZIP CODE

ALLEGED VIOLATION(S)									
DATE OCCURRED	MONTH	DAY	YEAR	TIME (24 HOUR)	DATE KNOWN	MONTH	DAY	YEAR	REGION DISCOVERED
AT LOCATION						AIRPORT DESIGNATOR			
REGULATIONS BELIEVED VIOLATED		DESCRIPTION							
CORRECTIVE ACTION									
RECEIVED BY:					INSPECTOR/SPECIAL AGENT:				
<b>X</b>									
SIGNATURE		DATE		SIGNATURE		NO.		DATE	

NOTICE

This notice describes an alleged violation(s) of the Federal Aviation Regulations which will be a matter of official record. It has been determined that this matter does not warrant legal enforcement action. Your future compliance with the regulations is expected. Records concerning individuals will be expunged 2 years after the date of issuance. The determination to issue this notice is based on the facts and circumstances surrounding the alleged violation(s) including any information you provided. **This administrative action may be withdrawn and legal action may be initiated if the information you provided is inaccurate or incomplete or subsequent review of enforcement records reveals a similar violation(s) or alleged violation(s).**